

United States Bankruptcy Court Southern District Of New York		PROOF OF CLAIM												
Name of Debtor <i>Dephil, et al</i>	Case Number 05-44481(RDD)	This Space For Court Use Only												
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.														
Name of Creditor (The person or other entity to whom the debtor owes money or property): <i>Solution Recovery Services, Inc.</i>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.													
Name and Address where notices should be sent: <i>7455 Newman Boulevard Dexter, MI 48130 Attn: John Wright</i>	<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.													
Telephone Number: 734-426-9015	<input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.													
Account or other number by which creditor identifies debtor: SRS	This Space For Court Use Only													
1. Basis for Claim <table> <tr> <td><input type="checkbox"/> Goods sold</td> <td><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Services performed</td> <td><input type="checkbox"/> Wages, salaries, and compensation (fill out below)</td> </tr> <tr> <td><input type="checkbox"/> Money loaned</td> <td>Last four digits of SS #: _____</td> </tr> <tr> <td><input type="checkbox"/> Personal injury/wrongful death</td> <td>Unpaid compensation for services performed from _____ to _____ (date) (date)</td> </tr> <tr> <td><input type="checkbox"/> Taxes</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>			<input type="checkbox"/> Goods sold	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)	<input checked="" type="checkbox"/> Services performed	<input type="checkbox"/> Wages, salaries, and compensation (fill out below)	<input type="checkbox"/> Money loaned	Last four digits of SS #: _____	<input type="checkbox"/> Personal injury/wrongful death	Unpaid compensation for services performed from _____ to _____ (date) (date)	<input type="checkbox"/> Taxes		<input type="checkbox"/> Other _____	
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<input type="checkbox"/> Taxes														
<input type="checkbox"/> Other _____														
2. Date debt was incurred: 9/11/2005	3. If court judgment, date obtained:													
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.														
Secured Claim. <p><input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).</p> <p>Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____</p> <p>Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____</p>														
Unsecured Priority Claim. <p><input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim:</p> <p><input type="checkbox"/> Domestic support obligations - 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).</p> <p><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).</p> <p><input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).</p> <p><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</p>														
5. Total Amount of Claim at Time Case Filed: \$ 338,650.56 <table> <tr> <td>(Unsecured)</td> <td>(Secured)</td> <td>(Priority)</td> <td>\$ 338,650.56 (Total)</td> </tr> </table> <p>* If all or part of your claim is secured or entitled to priority, also complete item 5 or 7 below.</p> <p><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.</p>			(Unsecured)	(Secured)	(Priority)	\$ 338,650.56 (Total)								
(Unsecured)	(Secured)	(Priority)	\$ 338,650.56 (Total)											
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim														
Date: 11/10/05	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). Interim CFO D/S/John Wright													
This Space For Court Use Only <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED NOV 21 2005 U.S. BANKRUPTCY COURT SOUTHERN DIST. OF NEW YORK </div>														
Penalty for presenting fraudulent claim: Fine up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.														



7455 Newman Blvd
Dexter, MI 48130
PH: 734-426-9015
FAX: 734-426-9016

BILL TO

DELPHI-SAGINAW
LINDA JAMISON
2328 E. GENESSEE AVENUE
SAGINAW, MI 48601

Invoice

DATE	INVOICE NO.
9/1/2005	10726

P.O. NO.	TERMS	REP
	Net 30	JT

DESCRIPTION	QTY	RATE	AMOUNT
BASE FEE FOR FLUID CONTROL PROGRAM- MONTH OF SEPTEMBER 2005	1	11,413.00	11,413.00
VARIABLE FEE FOR FLUID CONTROL PROGRAM - AVERAGE TO BE RECONCILED IN DECEMBER 2005	1	45,649.50	45,649.50
REMIT PAYMENT TO: SRS - A USI COMPANY PO BOX 643441 CINCINNATI, OH 45264-3441		Total	\$57,062.50



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BILL TO

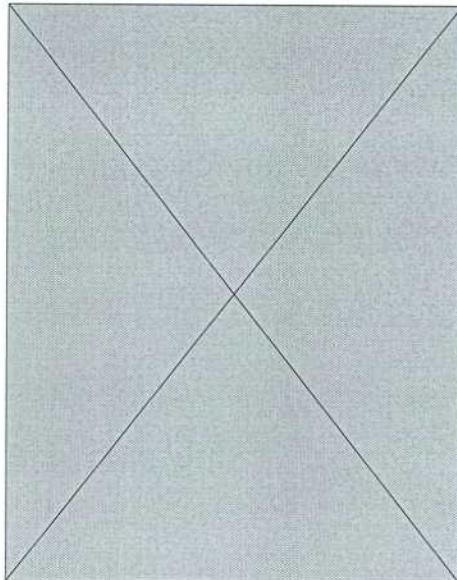
DELPHI-SANDUSKY
ATTN: SUE MATHER
2509 HAYES AVENUE
SANDUSKY, OH 44870

Invoice

DATE	INVOICE NO.
9/1/2005	10786

P.O. NO.	TERMS	REP
450143198	Net 30	JT

DESCRIPTION	QTY	RATE	AMOUNT
FLUID CONTROL BASE FEE FOR THE MONTH OF SEPTEMBER 2005 PURCHASE ORDER SAB00834	1	19,823.00	19,823.00
VARIABLE BASE FEE FOR THE MONTH OF AUGUST 2005	1,013,977	0.0909	92,170.51
REMIT PAYMENT TO: SRS - A USI COMPANY PO BOX 643441 CINCINNATI, OH 45264-3441		Total	\$111,993.51



Invoice

DATE	INVOICE NO.
9/1/2005	10811

DESCRIPTION	QTY	P.O. NO.	TERMS	REP
		450130127	Net 30	JT
SR1020 RENTAL - 3 WEEKS	1		5,100.00	5,100.00



7455 Newman Blvd
Dexter, MI 48130
PH: 734-426-9015
FAX: 734-426-9016

BILL TO

DELPHI-SANDUSKY
ATTN: SUE MATHER
2509 HAYES AVENUE
SANDUSKY, OH 44870

Invoice

DATE	INVOICE NO.
10/1/2005	10844

DESCRIPTION	QTY	P.O. NO.	TERMS	REP
		450143198	Net 30	JT
FLUID CONTROL BASE FEE FOR THE MONTH OF OCTOBER 2005 PURCHASE ORDER 450143198	1	19,823.00	19,823.00	
VARIABLE BASE FEE FOR THE MONTH OF SEPTEMBER 2005	964,126	0.0909	87,639.05	
REMIT PAYMENT TO: SRS - A USI COMPANY PO BOX 643441 CINCINNATI, OH 45264-3441		Total	\$107,462.05	



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Dexter, MI 48130
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BILL TO

DELPHI-SAGINAW
LINDA JAMISON
2328 E. GENESEE AVENUE
SAGINAW, MI 48601

Invoice

DATE	INVOICE NO.
10/1/2005	10845

DESCRIPTION	QTY	P.O. NO.	TERMS	REP
			Net 30	JT
BASE FEE FOR FLUID CONTROL PROGRAM- MONTH OF OCTOBER 2005	1	11,413.00		11,413.00
VARIABLE FEE FOR FLUID CONTROL PROGRAM - AVERAGE TO BE RECONCILED IN DECEMBER 2005	1	45,649.50		45,649.50
REMIT PAYMENT TO: SRS - A USI COMPANY PO BOX 643441 CINCINNATI, OH 45264-3441		Total	\$57,062.50	